

<b>Case Number:</b>	CM15-0163565		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male who sustained an industrial injury on May 17, 2005. The worker was employed as a maintenance person and landscaper. The accident was described as while working trimming a tree he fell some 10 feet down landing on the ground with resulting injury. A primary treating office visit dated November 17, 2014 reported chief subjective complaint of neck pain and lower back pain. He states being status post neck surgery and notified of authorization to undergo lumbar spine removal of hardware surgery, but he does not wish to follow through with it. The neck pain radiates to the left hand. The lower back pain also radiates to the lower left foot. The following diagnoses were applied: displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy; cervical radiculitis; lumbar radiculitis; left shoulder impingement; insomnia and gastroesophageal reflux. The plan of care noted awaiting AME reported pending, and prescribed the following topical compound cream containing Flurbiprofen, Flexeril, and Lidocaine. He is to remain temporarily totally disabled. Primary follow up dated May 01, 2015 reported subjective complaint of neck, left shoulder and arm, lower back pains. He is also with complaint of feeling depressed, anxious and stressed. He was noted prescribed the following: Kera-Tek gel.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2005 and continues to be treated for neck, low back, and left shoulder and arm pain. When seen, his only medication was over-the-counter Tylenol. He was complaining of gastrointestinal upset secondary to NSAID medication used in the past. Physical examination findings included decreased cervical spine range of motion with positive left compression testing. There was positive left straight leg raising. There was decreased shoulder range of motion with positive impingement testing and decreased strength. There was tenderness over the acromioclavicular joint. Omeprazole and topical compounded cream were requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2005 and continues to be treated for neck, low back, and left shoulder and arm pain. When seen, his only medication was over-the-counter Tylenol. He was complaining of gastrointestinal upset secondary to NSAID medication used in the past. Physical examination findings included decreased cervical spine range of motion with positive left compression testing. There was positive left straight leg raising. There was decreased shoulder range of motion with positive impingement testing and decreased strength. There was tenderness over the acromioclavicular joint. Omeprazole and topical compounded cream were requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was no longer taking an oral NSAID. Prescribing Prilosec (omeprazole) without further assessing the claimant's gastrointestinal complaints was not appropriate or medically necessary.